

## CERTIFICATE OF MAILING

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TECH CENTER 1600/2900

Name (Print/Type)	Donna J. Macedo	Signature	<i>D. Macedo</i>	Date	7/19/01
<b>Combined Transmittal and Fee Calculation Sheet</b>		Application Number	09/834,747		
		Confirmation Number	4271		
		Filing Date	April 13, 2001		
		First Named Inventor	Sternberg		
		Examiner	Unassigned		
		Group Art	1632		
		Attorney Docket No.	BIOT008		

☐ Small Entity ☒ Large Entity

## ENCLOSED:

	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input type="checkbox"/> Amendment Under Rule	Total					\$ -
<input type="checkbox"/> 37 CFR §	Independent					\$ -
<input type="checkbox"/> Pages	Multiple					
	Total Extra Claim Fees					\$ -

☐ Extension of time from \_\_\_\_\_ to \_\_\_\_\_ Fee \_\_\_\_\_

☐ Response to File Missing Parts (with copy of formalities letter)

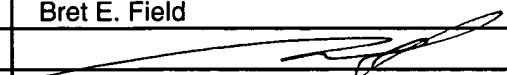
<input type="checkbox"/> Filing Fee	Fee	_____
<input type="checkbox"/> Executed Declaration	Pages	_____
<input type="checkbox"/> Other	Surcharge Fee	_____
	Fee	_____
	Fee	_____
	Fee	_____
	Fee	_____
	Subtotal	\$ -

☒ Information Disclosure Statement

<input checked="" type="checkbox"/> PTO Form 1449	Pages	1
<input checked="" type="checkbox"/> 2 Copies of Cited References		
<input checked="" type="checkbox"/> Other	Copy of International Search Report	
	Fee	_____
	Subtotal	\$ -

☐ Response to Notice to Comply (with copy of Notice to Comply)

<input type="checkbox"/> Sequence Listing Certification		
<input type="checkbox"/> Paper Copy of Sequence Listing	Pages	_____
<input type="checkbox"/> Diskette in computer-readable format		
<input type="checkbox"/> Other	Fee	_____

<input type="checkbox"/> Terminal Disclaimer		Fee	
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages		Fee
<input type="checkbox"/> Appeal Brief in Triplicate	Pages		Fee
<input type="checkbox"/> Reply Brief	Pages		Fee \$ -
			Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees		Fee	
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$ -	
<p><b>Th Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</b></p>			
<b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b>			
Name (Print/Type)	Bret E. Field	Registration No.	37,620
Signature			Date 7.18.01
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200
City	Menlo Park	State	California
		zip	94025
Telephone - Direct Dial		Facsimile	650-327-3231

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